

HB 341 Proponent Testimony

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Hello Chairman Burke and members of the committee. My name is Mimi Hart, and I own an independent pharmacy on the Westside of Cincinnati that our family has owned and operated for more than 50 years. I am also the consultant pharmacist for Cincinnati Center for Addiction Treatment (a full-service treatment center) and First Step Homes (an inpatient and sober living facility for pregnant women and women with young children). I apologize I cannot be there in person, but I write to you to strongly urge passage of HB 341, a bill that would change the language of an existing law and allow pharmacists to inject any medications used to treat addiction.

I have been with the Center for Addiction Treatment (CAT) for 15 years. In the early years, we dealt mostly with alcohol, and less often heroin addiction. The opioid crisis was just beginning. CAT was an inpatient facility with very little follow up care due to financial constraints. Over the ensuing years, our pharmacy became involved in one of the first Project DAWN roll-outs in Ohio, ensuring that our patients were given naloxone on their departure from the facility. We were the first pharmacy in the state to commit to providing naloxone per protocol, when only syringes were available, and the nasal adaptor had to be purchased separately on the Internet.

I have spent years shaping the program for ongoing care, including medication assisted treatment. It is this aspect of care that involves long-term injectables. It is upon discharge that this patient population is at greatest risk of overdose and death – up to 59% within the first week according to a 2010 article by Berry, et al (1). It is imperative that patients have all the options available to continue on the path of sobriety.

While many times, the facilities administer needed injectables to outpatients, there are times when they are out in the community continuing their lives, that the facility hours do not coincide with patient availability. A 2015 study showed that nearly 80% of persons aged 12 and older with opioid use disorders in the United States did not receive treatment during 2009-2013, even though treatment can be effective (2). They experienced a treatment gap due to access and coverage issues. Gaps in therapy will increase rates of hospitalization and greatly increase risk of death due to overdose. And unfortunately, the lack of ready access is even more pronounced during the COVID-19 pandemic.

Pharmacists are one of the most accessible health care providers. Our inclusion in providing immunizations has greatly improved the percentage of patients vaccinated, and our ability to give long-term injectables has already seen gains in lowering emergency room visits and hospitalizations.

My facilities are already gearing up for the use of Sublocade and seeking my advice for best practices. Sublocade, and other similar medications still in the pipeline, require the establishment of policies and procedures that certify the medication is administered properly. For example, Sublocade is administered by a healthcare provider subcutaneously in the abdomen. Our pharmacists are already trained to give this type of injection. Likewise, we already administer Vivitrol, an opioid antagonist, which is injected into the gluteal muscle, and is a higher level of difficulty and requires a private area within the facility.

The language in HB 341 will allow pharmacists to provide for all subsequent addiction treatment injectables that become available and are deemed appropriate by the Board of Pharmacy. Personally, I believe that pharmacists should be entrusted to administer many more types of medications than this bill seeks to expand to, but I can tell you from my experience providing these types of needed medications and services in my community, this bill represents a significant achievement for expanding access to patients.

Pharmacists are already safely providing several types of long-term injectables to patients in Ohio. Independent pharmacies like Hart Pharmacy work hard to meet the needs of their communities, and I can tell you, my community needs this policy change. This bill will give our patients greater access to therapies needed to maximize outcomes and lead successful lives.

For all these reasons, I ask for your support of HB 341. Thank you for allowing me to provide testimony on this important issue.

1. Smyth, B. P., Barry, J., Keenan, E., & Ducray, K. (2010). Lapse and relapse following inpatient treatment of opiate dependence. *Ir Med J*, 103(6), 176-9.
2. Saloner, B, Karthikeyan, S. Changes in substance abuse treatment use among individuals with opioid use disorders in the United States, 2004-2013. *JAMA*. 2015;314(14):1515–1517. doi:10.1001/jama.2015.10345